(Column 1) (Column 2) TOTAL CLAIMS	SMALL ENT TYPE TATE	n ity					
(Column 1) (Column 2) FOTAL CLAIMS NUMBER FILED NUMBER EXTRA	RATE	OF		THAN			
FOR NUMBER FILED NUMBER EXTRA							
OR NUMBER FILED NUMBER EXTEN	RASIC FEE	FEE	RATE	FEE			
OTAL CHARGEABLE CLAIMS / minus 20-		355. 00	R BASIC FEE	710.00			
	X\$ 9=	0	R X\$18=				
NDEPENDENT CLAIMS 4 minus 3 = 1	X40=	O	R X80=	80			
AULTIPLE DEPENDENT CLAIM PRESENT	+135=	0	R +270=				
If the difference in column 1 is less than zero, enter "0" in column 2	TOTAL		R TOTAL	79X			
CLAIMS AS AMENDED - PART II				R THAN ENTITY			
(Column 1) (Column 2) (Column 3)	SMALLE		R SMALL	ADDI			
ANADOS CONTROL		ADDI- TIONAL FEE	RATE	TIONAL			
REMAINING AFTER PREVIOUSLY PAID FOR EXTRA Total • 2 Minus • 20 = 0 Independent • 3 Minus ••• 4 = 0	X\$ 9=		R X\$18=				
Independent • 3 Minus ••• 4 = 0	X40=	\Box _c	R X80=				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	+135=		R +270=				
	TOTAL		OR ADDIT. FE	,			
8-29-5 (Column 1) (Column 2) (Column 3)	ADDIT. FEE		"` ADUII. PC	.E			
CLAIMS HIGHEST		ADDI-		ADDI-			
REMAINING NUMBER PRESENT PREVIOUSLY EXTRA	RATE	TIONAL FEE	RATE	TIONAL FEE			
REMAINING AFTER PREVIOUSLY PRESENT EXTRA AMENDMENT Minus	X\$ 9=		OR X\$18=				
Independent - 3 Minus 4 =	X40-		OR X80=				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	+135=		OR +270=	;] ,			
	YOTAL ADDIT, FEE		OR ADDIT, FI				
(Column 1) (Column 2) (Column 3)	/UUI1. FEE.		-				
CIAIMS HIGHEST		ADDI-		ADDI-			
REMAINING AFTER AMENOMENT PREVIOUSLY PRESENT EXTRA Total • Minus • • • • • • • • • • • • • • • • • • •	RATE	TIONAL FEE	RATE	TIONAL FEE			
Total • Minus • a	X\$ 9=		OR X\$18	=			
Independent • Minus ••• •	X40=		OR X80	,]			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				1			
the column 2 write TC in column 3.	+135=	<u> </u>		TAL TAL			
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."	ADDIT, FEE		OR ADDIT!				

FORM PTO-678

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